



Department Recreation and Parks
Thomas Farm Community Center
Totally Teens

2012 – 2013 SCHOOL YEAR

**** Please complete this information packet, pages 1 – 7 ****

PARTICIPANT INFORMATION

Participant's Name: _____

Nickname: _____ Sex: _____ Birth Date: _____ Age: _____

Family Primary Language: _____ School Attending: _____ Grade: _____

Days and approximate times child will attend program: _____

Participant's Primary Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Primary Home Phone: _____ Participant's Cell Phone: _____

#1 Parent/Guardian Name _____

Parent/Guardian Address (If *different from above*) _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

****Please provide email address to receive important updates and information.**

Employer: _____
Name Address

#2 Parent/Guardian Name _____

Parent/Guardian Address (If *different from above*) _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

****Please provide email address to receive important updates and information.**

Employer: _____
Name Address

DEPARTURE PROCEDURES:

I understand that no child can be released to anyone except custodial parents without specific written permission. I agree to give the program a list of all adult persons, siblings 16 years and older that are authorized to pick up my child, and the circumstances under which my child can be released to these persons. In addition, I agree to provide the center with copies of legal documents prohibiting an individual authorization to pick up my child. Individuals picking up children will be required to show a picture ID card. If there are any changes in the information, I agree to submit any changes in writing.

Parent's Signature: _____ Date: _____

In addition to parents/legal guardian, my child may be released to the following people:

(Individuals will be asked to show identification.)

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LEGAL CUSTODY RESTRAINTS - Persons who **MAY NOT** pick up my child.

Legal papers must be on file.

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____

PERMISSION FOR TEEN TO WALK HOME:

I GRANT PERMISSION FOR CITY STAFF TO ALLOW MY CHLD TO LEAVE UNESCORTED.

Yes _____

No _____

If yes, please provide us with specific details to what days and times your child may leave Totally Teens unescorted: _____

MEDICAL INFORMATION:

Parent/Guardian Insurance Co.: _____

Policy No.: _____

Name of Family Physician: _____

Phone: _____

Allergies to food/medication or other allergies (please specify): _____

Is the child under physician's care for health needs on a continuing basis? _____ YES _____ NO

Is the child on medication or treatment on a continuing basis? _____ YES _____ NO

Medical Condition(s): _____

Medications currently being taken by your child: _____

****NOTE:** No medication will be administered or held on site, without completion of the Medication Order Form for medications such as inhaler or epipen. To request a form, contact 240-314-8840.

EMERGENCY MEDICAL INSTRUCTIONS AS APPROPRIATE:

Signs/symptoms to look for: _____

If signs/symptoms appear, do this: _____

To prevent incidents: _____

Other special medical procedures that may be needed: _____

RELEASE:

I know that participation in **Totally Teens** may be a hazardous activity and that my child should not participate unless he/she is in good physical shape and is medically able. I assume all risks associated with participation in this activity, including but not limited to, those generally associated with this type of activity, the hazards of traveling public highways, of accidents, of illness, and of the forces of nature.

In consideration of the right to participate in the above-named activity or program and in further consideration of the arrangement made for my child by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, I do hereby on behalf of my child, me heirs, executors indemnify the Mayor and Council of Rockville and all of its agents, officers and employee from any and all claims for injuries or loss to any person or property which may arise out of or result from my child's participation in the above-referenced program or activity.

I further grant permission for a doctor to administer emergency treatment of my son/daughter _____ (name of child), _____ (age), in the event I cannot be reached in a medical emergency.

Parent's Signature: _____ Date: _____

GETTING TO KNOW YOUR TEEN

Introduction

In order for us to get to know your child better, please complete the following questionnaire. This information allows us to become better acquainted with your teen. All information is confidential and will only be shared with staff members who will work with your teen. Thank you for your honesty.

After-School Program Experience:

Has your child ever been in an after-school program before? ☐ Yes ☐ No
If so, where? _____

Please describe experiences (both positive and negative)

Is your child apprehensive about attending Totally Teens? ☐ Yes ☐ No
Explain:

Personality

Please describe your child's personality. Does your child make friends easily?

Does your child generally follow directions and instructions?

Please describe your child's emotional state. Has there been counseling or therapy?

Physical Condition

Please describe your child's physical condition, including any limitations, which may affect his/her ability to participate in activities.

Is there anything that you would like to share with the staff regarding your child?

Parent's Signature: _____ Date: _____

Teen's Name: _____

HOMEWORK:

A quiet room will be available for students to complete homework between the hours of 3:30 and 5 p.m. Monday through Thursday.

My child: *please select all that apply*

- ☐ Will start his/her homework at **3:30 p.m.**
- ☐ Will start his/her homework at **4 p.m.**
- ☐ Will be responsible for completing his/her homework and will not need any prompting to start his/her homework.
- ☐ Is to work on his/her homework no more than _____ minutes/hour a day. (30 min, 1hr, 1.5hr, etc.)
- ☐ Is to work on his/her homework until it is complete.

TRIPS:

- Occasionally, field trips are scheduled during program times and days. Field trips usually require additional fees to attend. Fees range from \$0 to \$25 per person, depending on activity.
- Examples of field trip destinations include the movie theater, rock climbing gym, bowling, swimming, community service projects, etc.
- Notices of upcoming trips are publicized via email, sent home with teens via flier format, and are posted on our bulletin board.
- All fees and permission signatures must be collected prior to the advertised deadline. **No participant will be permitted to attend a field trip after missing the sign-up deadline.**
- Children have the option of not participating in the field trip and may remain at the community center. However, please be aware that they will not be directly supervised during field trip hours due to the fact that staff will be off site managing the field trip.

SNACKS:

Please check the appropriate box for each month Totally Teens will provide a daily snack to your child:

April 2013	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment due by April 3
May 2013	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment due by April 30
June 2013	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment due by May 31

Snack Fee for April & May is \$15 per month. Snack Fee for the month of June is \$10.

Please make checks payable to "The City of Rockville"

DISCIPLINE POLICY:

- Child and staff are entitled to a pleasant and harmonious environment where children can unwind and regenerate at the end of the school day. Participants will be given the opportunity to select various activities for themselves within an untroubled atmosphere of cooperation from children in the group.
- Staff members will familiarize and involve participants with the standards of conduct expected of them during the Totally Teens Program.
- Staff members will use various positive discipline techniques to maintain a program that is safe, affirmative, and enjoyable to all.
- If a child repeatedly displays disruptive behavior, the parent will be notified and a conference will be arranged to discuss the concerns. Parents will be expected to assist staff in resolving problems and promoting the child's positive, cooperative behavior.
- Following a parent conference (or if parent fails to attend a conference), or if a child's behavior is chronically disruptive, or harmful to others and/or property, or requires constant, unwarranted attention from staff members, the Totally Teens staff reserves the right to suspend or discharge a child from the Totally Teens program at Thomas Farm Community Center.

ADMINISTRATIVE POLICIES:

- I understand that all required forms and full payment and/or a scheduled payment plan must be completed and on file before my child can attend the program. After the initial session, I understand my child will not be automatically registered in any sessions thereafter, or be able to attend any additional sessions without full payment.
- I understand that Totally Teens operates only on days when students are in school. The program operates Monday through Friday from 3 p.m. to 6:30 p.m. and on early release days from 12:30 p.m. to 6:30 p.m. During early release days due to inclement weather there exists a possibility that the program will not open or that the program will close early. If this occurs parents will be notified as soon as possible.
- I understand that Totally Teens will not provide transportation from Robert Frost Middle School or any other school unless a minimum of 8 participants from that school are enrolled in the Totally Teens program.
- I understand that when the City of Rockville provides transportation, no after-school activity transportation will be provided. I understand I must inform the Totally Teen staff when my child does not need to be picked-up from school.
- I understand that if my child misses the MCPS bus to Thomas Farm Community Center it is not a guarantee that the totally teens staff can pick-up the child.
- I understand that if my child is having problems adjusting to the program, I will be notified and a conference will be arranged between the staff and parent/legal guardian.
- I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or those of other children, or consistently disrupts the program. A refund will not be issued when your child is asked to leave the program.
- I understand that I must notify Totally Teen staff, in writing, if my child will be participating in any after school activities during the hours of Totally Teens, such as, activities at school, music lessons, city classes etc.
- I understand that it is my responsibility to keep all emergency information updated with work, home, and cell telephone numbers and any other pertinent information.
- I understand that my child cannot attend Totally Teens if he/she has any illness that threatens the health of other children. A doctor's note may be required for re-admittance to the program.

- I understand that no medication will be administered without completion of the Medication Order Form for medications such as inhaler or epipen. To request a form, contact 240-314-8840.
- I understand that Totally Teens will provide a daily snack to participants who pay an additional fee of \$15 per month. I am aware that payment is due in advance. Parents, who do not wish to pay the snack fee, may bring a snack from home that can be stored at the center Monday through Friday only. Snacks that need to be stored in the refrigerator/freezer must go home with participants on Friday.
- I agree to pay a late fee of \$10.00 for each 15 minutes (or portion of 15 minutes) per child whenever staff, cares for my child after 6:30 p.m., regardless of the reason for being late. I understand that I will be asked to pay this overtime fee at the time I pick-up my child. I also understand that I may be asked to remove my child from the program if tardiness is habitual.
- Teens who have a Thomas Farm Community Center membership may remain in the building until 7 p.m. I understand that my child will not be directly supervised after 6:30 p.m. There will also be a late fee when participants, who have a center pass, are not picked up *before* 7 p.m. I agree to pay a late fee of \$10.00 for each 15 minutes (or portion of 15 minutes) my child is not picked up after 7 p.m.
- I agree to sign my child out of the program everyday. Teens who have permission to leave the program unescorted must also sign out when going home for the day. After a participant has signed out for the day they **may not** return to the center before 6:30 p.m., unless accompanied by a parent.
- I agree to adhere to all Totally Teens registration policies and give my child permission to participate fully in this program.

SIGNATURE:

- The Totally Teens staff has my permission, in an emergency when I or my physician cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.
- I understand my responsibilities for picking up my child and my responsibilities to advise other family members and friends designated to pick up my child.
- I understand the Totally Teens *Discipline Policy* and I have discussed the policy with my child.
- I have reviewed all of the formation contained in this registration packet; all of the information I have provided is correct; I understand all my responsibilities for enrolling my child in Totally Teens; and I agree to abide by all of the rules as stated in this document.

Parent's Signature: _____ Date: _____

Please return information packet ***prior*** to the first day of school to:

Totally Teens
Thomas Farm Community Center
700 Fallsgrove Drive
Rockville, MD 20850
240-314-8840

Thank You

A copy of this document will be provided for your records.